09/21/2011 15:49

Image# 11932492098

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Oth	er Than An	Authoriz	ed Comm	ittee		Office Us	e Only
NAME OF COMMITTEE (in full)		MAILING LA OR PRINT		Example:If typiover the lines	ng, type			
Massachusetts Republican S	State Cong	ressional Comr	nittee			1 1 1		
						1 1 1		
ADDRESS (number and street)	85 Me	rrimac St.				1 1 1	1 1 1 1	
Check if different	Suite 4	100	1 1 1 1	1 1 1 1		1 1 1		
than previously reported. (ACC)	Bostor	1				L MA J	02	2114
2. FEC IDENTIFICATION NUM	MBER '	-	CITY 🛕			STATE	2	ZIPCODE A
C00042622			3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	`´F	Monthly Report	Feb 20 (M	l2)	May 20 (M5)	X	Aug 20 (M8)	Nov 20 (M11 (Non-Election Year Only)
(a) Quarterly Reports:	[Oue On:	Mar 20 (M	l3)	Jun 20 (M6)		Sep 20 (M9)	Dec 20 (M12 (Non-Election Year Only)
April 15			Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(C	Q1) (c) 12-Day		Primary (1	2P)	Gen	eral (12G)	Runoff (12R)
Quarterly Report(C	Q2) PRE -Election Report for the:			Convention (12C)		Special (12G)		
Quarterly Report(C	Q3)						-	in the
Quarterly Report(Y	(E)		Election on					State of
July 31 Mid-Year Report(Non-electio Year Only) (MY)		l) 30-Day Post -Elect Report for the second control of the second		General (3	30G)	Rund	off (30R)	Special (30S
Termination Repor	t	·	Election on					in the State of
5. Covering Period 0	7 0	1 201	1	through	0 7	3 1	2011	
I certify that I have examined this	Report and	to the best of	my knowledg	e and belief it	is true, correct	and comp	lete.	
Type or Print Name of Treasurer	Brent	Anderson						
Signature of Treasurer Electro	onically File	d by Brent A	nderson			Date	08 09	2011
NOTE : Submission of false, erro	neous, or i	ncomplete info	mation may	subject the pe	erson signing th	is Report t	o the penalties	of 2 U.S.C 437g.
Office Use								FORM 3X v. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Rep	ort Covering the Period: From:	01 2011	To: 0 7 3 1 2 0 1 1
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2Ŏ11 YYYY		191359.55
(b) Cash on Hand at Begining of Reporting Period	82088.72	
(c) Total Receipts (from Line 19)	39105.78	289192.93
(d	,		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121194.50	480552.48
'. To	otal Disbursements (from Line 31)	52653.13	412011.11
	ash on Hand at Close of		
	eporting Period ubtract Line 7 from Line 6(d))	68541.37	68541.37
	ebts and Obligations owed TO		
	e committee (Itemize all on shedule C and/or Schedule D)	0.00	
0. De	ebts and Obligations owed BY		
	e committee (Itemize all on hedule C and/or Schedule D)	0.00	
	This Committee has qualified as a multicandidat	te committee (see FEC FORM 1M)	
	hedule C and/or Schedule D)		

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

м м 0 7 0 1 м м 0 7 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18369.78 158211.99 (i) Itemized (use Schedule A) 19236.00 123175.94 (ii) Unitemized (iii) TOTAL (add 37605.78 281387.93 Lines 11(a)(i) and (ii) 1400.00 1400.00 (b) Political Party Committees Other Political Committees 100.00 6405.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 39105.78 289192.93 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 39105.78 289192.93 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 39105.78 289192.93 (subtract Line 18(c) from Line 19)

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. DISBURSEMENTS	Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	540040	11000111
Expenditures	51303.13	410261.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	51303.13	410261.11
22. Transfers to Affiliated/Other Party		
Committees	1350.00	1750.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditure		
(use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)		
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(455 2.165 25(4), (5), 4.15 (6),		
9. Other Disbursements	0.00	0.00
60. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52653.13	412011.11
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	50050.40	440044 44
from Line 31)	52653.13	412011.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	39105.78	289192.93
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	39105.78	289192.93
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	51303.13	410261.11
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	51303.13	410261.11

FE6AN026

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from so or for commercial purposes, or	uch Reports and Statements may ther than using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (I	n Full) ican State Congressional C	ommittee	
Full Name (Last, First, Mide CHRISTINA BAIN	dle Initial)		Date of Receipt
Mailing Address 22 RA	MOND ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MANCHESTER	State MA	Zip Code 01944-1613	Transaction ID: SA11.185589 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		35.00
Name of Employer HARVARD UNIVERSITY	Occupatio PROGRA	n AM DIRECTOR	CONTRIBUTION
Receipt For: Primary Ge Other (specify) ▼		e Year-to-Date ▼ 310.00	
Full Name (Last, First, Mide CHARLES BAKER	dle Initial)		Date of Receipt
Mailing Address 49 MO	NUMENT AVE		0 7 2 7 2 0 1 1
City SWAMPSCOTT	State MA	Zip Code 01907-1947	Transaction ID: SA11.186011
FEC ID number of contributed federal political committee.		01307-1347	Amount of Each Receipt this Period 35.00
Name of Employer INFORMATION REQUES BEST EFFORTS	TED PER Occupatio	n ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For: Primary Ge Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1035.00]
Full Name (Last, First, Mide KARYN DEVITO	dle Initial)		Date of Receipt
	DEN ST		07 25 2011
City WELLESLEY	State MA	Zip Code 02482-5809	Transaction ID: SA11.185914
FEC ID number of contributed federal political committee.		02462-3009	Amount of Each Receipt this Period 75.00
Name of Employer INFORMATION REQUES BEST EFFORTS	INFORM	ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For: Primary Ge Other (specify) ▼	Aggregate Aggregate	e Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This	Dana (antianal)		145.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
A Oi	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any ename and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	gressional Committee	
	Full Name (Last, First, Middle Initial) LOIS EDGERLY		Date of Receipt
	Mailing Address 32 HIGHLAND ST	7.01	07 15 2011
	City CAMBRIDGE	State Zip Code MA 02138-2210	Transaction ID: SA11.185628 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.0	0
	Full Name (Last, First, Middle Initial) CARL HERBERT EMILSON	1	Date of Receipt
	Mailing Address P.O. BOX 128 236 CORN HILL LAN	E DO NOT MAIL	07 22 2011
	City	State Zip Code	Transaction ID: SA11.185867
	MARSHFIELD FEC ID number of contributing federal political committee.	MA 02059-0128	Amount of Each Receipt this Period 180.00
	Name of Employer UNKNOWN	Occupation UNKNOWN	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.0	0
_	Full Name (Last, First, Middle Initial) WOLFGANG FALCONE	1	Date of Receipt
	Mailing Address 80 HANCOCK AVE		07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11.185908
	BROCKTON FEC ID number of contributing federal political committee.	MA 02301-2941	Amount of Each Receipt this Period 70.00
	Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.0	0
	SUBTOTAL of Receipts This Page (optional)	1	375.00

ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	ie (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JANE F. FINLAYSON Mailing Address 18 ESSEX ST City BOSTON FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State Zip Code MA 02129-1603 C Occupation RETIRED Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GREGORY HOWES Mailing Address 23 SOUTH ST City CONCORD FEC ID number of contributing federal political committee. Name of Employer HOWES INSURANCE GROUP Receipt For: Primary General Other (specify)	State Zip Code MA 01742-4021 C Occupation PRESIDENT Aggregate Year-to-Date 535.	Date of Receipt O 7
Full Name (Last, First, Middle Initial) STEPHEN JEFFRIES Mailing Address 12 BRIMMER ST City BOSTON FEC ID number of contributing federal political committee. Name of Employer S.B. JEFFRIES CONSULTANTS Receipt For: Primary General Other (specify)	State Zip Code MA 02108-1002 C Occupation PRESIDENT Aggregate Year-to-Date ▼ 11111.	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		449.78

SCHEDULE A (FEC Form 3X)

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	'tatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
∠	Full Name (Last, First, Middle Initial) LINDA JEWELL Mailing Address 11 DOVER CIR City FRANKLIN FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State MA C Occupation RETIREI Aggregate		Date of Receipt 0 7 19 2011 Transaction ID: SA11.185745 Amount of Each Receipt this Period 75.00 CONTRIBUTION
– В.	Full Name (Last, First, Middle Initial) MICHAEL KANE Mailing Address 162 POND ST City ASHLAND FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State MA C Occupation BUILDEI Aggregate	Zip Code 01721-2061	Date of Receipt 0 7 25 2011 Transaction ID: SA11.185954 Amount of Each Receipt this Period 300.00 CONTRIBUTION
_ C.	Full Name (Last, First, Middle Initial) JEANNE KANGAS Mailing Address 959 HILL RD City BOXBOROUGH FEC ID number of contributing federal political committee. Name of Employer ARNOLD & KANGAS, P.C. Receipt For: Primary General Other (specify)	State MA C Occupation LAWYEF Aggregate		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			5375.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X
A O	nny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and add	dress of any political committee to	on for the purpose of soliciting contributions
∠ A.	Full Name (Last, First, Middle Initial) JOHN LAROSA			Date of Receipt
٦.	Mailing Address 273 ROSLINDALE AVE	<u> </u>		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ROSLINDALE	State MA	Zip Code 02131-3339	Transaction ID: SA11.185567 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer SELF	Occupatio BUSINES	n SS AND POLITICAL CONSU	CONTRIBUTION ILTING
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 290.00	
 3.	Full Name (Last, First, Middle Initial) JOHN LAROSA			Date of Receipt
	Mailing Address 273 ROSLINDALE AVE			07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ROSLINDALE	State MA	Zip Code 02131-3339	Transaction ID: SA11.185756
	FEC ID number of contributing federal political committee.	C	02101 0000	Amount of Each Receipt this Period 35.00
	Name of Employer SELF	Occupatio BUSINES	n SS AND POLITICAL CONSU	CONTRIBUTION JLTING
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 290.00	
_ }.	Full Name (Last, First, Middle Initial) BRAD MARSTON			Date of Receipt
	Mailing Address 90 BEACON ST #2			07 25 7 2011
	City BOSTON	State MA	Zip Code 02108-3324	Transaction ID: SA11.185900 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02100 0024	35.00
	Name of Employer RETIRED	Occupatio RETIREI		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 495.00	
	SUBTOTAL of Receipts This Page (optional)			105.00
-	TOTAL This Period (last page this line number of	only))	

SCHEDULE A (FEC Form 3X)

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one) X 11a
or for o	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) assachusetts Republican State Cong	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. LAI Ma City FE fed Na SE	I Name (Last, First, Middle Initial) NCE MAY illing Address 277 HIGHLAND ST INENBURG C ID number of contributing leral political committee. me of Employer ILF-EMPLOYED ceipt For: Primary General Other (specify)		Zip Code 01462-1482 on EAL CONSULTANT e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 6 2 0 1 1 Transaction ID: SA11.186002 Amount of Each Receipt this Period 50.00 CONTRIBUTION
B. PE Ma City BC FE fed	I Name (Last, First, Middle Initial) TER MONACO illing Address 311 MARLBOROUGH OSTON C ID number of contributing leral political committee. me of Employer PTOR CAPITAL MANAGEMENT ceipt For: Primary General Other (specify)	State MA C Occupatio DIRECTO		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11.185815 Amount of Each Receipt this Period 10000.00 CONTRIBUTION
PA Ma City DU FE fed	I Name (Last, First, Middle Initial) UL MORGAN illing Address 23 EAGLES NEST RD y JXBURY C ID number of contributing eral political committee. me of Employer DRGAN CONSTRUCTION ceipt For: Primary General Other (specify)	State MA C Occupatio RETIREI Aggregate		Date of Receipt M M / 29 / 2011 Transaction ID: SA11.186077 Amount of Each Receipt this Period 110.00 CONTRIBUTION
SUBT	FOTAL of Receipts This Page (optional)			10160.00

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor			
·			
Full Name (Last, First, Middle Initial) JOHN RACHO Mailing Address 395 LINEBROOK RD			Date of Receipt
City	State	Zip Code	0 7 1 8 2 0 1 1 Transaction ID: SA11.185743
IPSWICH	MA	01938-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer JOHN GALT STAFFING, INC	Occupation EXECUT		CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial) ANNE KATELYN REGAN			Date of Receipt
Mailing Address 19 PINE LODGE RD			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State	Zip Code	Transaction ID: SA11.185603
BOSTON	MA	02132-3414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00 CONTRIBUTION
Name of Employer EAP&D	Occupation IP PARAI		CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 310.00]
Full Name (Last, First, Middle Initial) ANNE KATELYN REGAN			Date of Receipt
Mailing Address 19 PINE LODGE RD			07 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.185911
BOSTON FEC ID number of contributing federal political committee.	C	02132-3414	Amount of Each Receipt this Period 75.00
Name of Employer EAP&D	Occupation IP PARAI		CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	-, '	Year-to-Date ▼ 310.00	
SUBTOTAL of Receipts This Page (optional)			510.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Con	gressional C	ommittee	
A.	Full Name (Last, First, Middle Initial) REBECCA SCHIFF Mailing Address 9 CHASKE AVE			Date of Receipt
	City	State	Zip Code	0 7 1 2 2 0 1 1 Transaction ID: SA11.185560
	AUBURNDALE	MA	02466-1103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer UNIVERSITY OF RHODE ISLAND	Occupation DEVELC		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 670.00	
— В.	Full Name (Last, First, Middle Initial) REBECCA SCHIFF			Date of Receipt
	Mailing Address 9 CHASKE AVE			07 25 2011
	City	State	Zip Code	Transaction ID: SA11.185903
	AUBURNDALE FEC ID number of contributing federal political committee.	C	02466-1103	Amount of Each Receipt this Period 35.00
	Name of Employer UNIVERSITY OF RHODE ISLAND	Occupation DEVELC		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 670.00	
_ С.	Full Name (Last, First, Middle Initial) ROBERT SEPERSKY			Date of Receipt
·.	Mailing Address 65 SOUTHWORTH S	Т		07 29 7 2011
	City	State	Zip Code	Transaction ID: SA11.186030
	LAKEVILLE	MA	02347-1214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		385.00 CONTRIBUTION
	Name of Employer SELF EMPLOYED	Occupation PHYSIC	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 385.00	
	SUBTOTAL of Receipts This Page (optional)			455.00
F	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Massachusetts Republican State Con	gressional Committee	
Full Name (Last, First, Middle Initial) DIANNA SMITH		Date of Receipt
Mailing Address 94 NEWBURY AVE #314		07 20 2011
City	State Zip Code	Transaction ID: SA11.185782
QUINCY	MA 02171-1958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 CONTRIBUTION
Name of Employer BMC	Occupation REGISTERED NURSE	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) D. BRADFORD WETHERELL		Date of Receipt
Mailing Address 47 FRESH POND LN		07 25 7 2011
City	State Zip Code	Transaction ID: SA11.185936
CAMBRIDGE	MA 02138-4644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	OGNITUDOTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) JOSEPH WINN		Date of Receipt
Mailing Address 3 JONAS STONE CIR		0 7 1 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11.185607
LEXINGTON	MA 02420-2136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	220.00
Name of Employer SELF EMPLOYED	Occupation CONSULTANT	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		495.00
TOTAL This Period (last page this line number	only)	

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15/43 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) GEORGE YOUNG Date of Receipt Mailing Address 235 WALKER ST 07 18 2011 APT. 252 City State Zip Code Transaction ID: SA11.185729 **LENOX** MA 01240-2721 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. CONTRIBUTION Name of Employer RETIRED Occupation **RETIRED** Receipt For: Aggregate Year-to-Date Primary General 600.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	18369.78

I	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and ad	dress of any political committee to	FOR LINE NUMBER: PAGE 16 / 43 (check only one) 11a X 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 2ND ST NE				Date of Receipt 0 7 1 1 2 0 1 1			
	City	State	Zip Code	Transaction ID: SA11.185537			
	WASHINGTON	DC	20002-4914	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer	Occupatio	n	CONTRIBUTION			
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400.00				
_	Full Name (Last, First, Middle Initial)			5. (5.)			
B.	NATIONAL REPUBLICAN SENATORIAL COMM Mailing Address 425 2ND ST NE	MITTEE		Date of Receipt M M			
	City	State	Zip Code	Transaction ID: SA11.185744			
	WASHINGTON	DC	20002-4914	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer	Occupatio	n	CONTRIBUTION			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1400.00				

SUPTOTAL of Possints This Page (entional)		1400.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	1400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional C	Committee	
Full Name (Last, First, Middle Initial) PETERSON Mailing Address PO BOX 274 City State	Zip Code	Date of Receipt 0 7 25 2011 Transaction ID: SA11.185916
GRAFTON MA FEC ID number of contributing federal political committee. Name of Employer Occupation	01519-0274	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Receipt For: Primary General Other (specify)	e Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	>	100.00
TOTAL This Period (last page this line number only)	•	100.00

A.

В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 18 / 43 Use separate schedule(s) (check only one) for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: SB.47 JODY BLAIS Date of Disbursement 0 7 26 2011 Mailing Address 1420 COUNTY STREET City Zip Code State Amount of Each Disbursement this Period **ATTLEBORO** 02703 MA 230.00 Purpose of Disbursement REIMBURSEMENT - EVENT SUPPLIES - PARTY O Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.97 PRICE RITE Date of Disbursement ö́7 26 2011 Mailing Address 1415 ELMWOOD AVE City State Zip Code Amount of Each Disbursement this Period CRANSTON 02910 RI 230.00 Purpose of Disbursement **EVENT SUPPLIES - PARTY ONLY** Candidate Name Category/ Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.84 SUE BLAIS Date of Disbursement 2011 Mailing Address 1420 COUNTY ST City State Zip Code Amount of Each Disbursement this Period **ATTLEBORO** MA 02730 375.00 Purpose of Disbursement **REIMBURSEMENT - EVENT ONLY** Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 605.00 SUBTOTAL of Disbursements This Page (optional) ... \blacktriangleright

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)		FORLINE	NUMBER. DAGE 40 / 40
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	NUMBER: PAGE 19 / 43
TI EMIZED DISDOTISEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) PRICE RITE			Transaction ID: SB.99 Date of Disbursement
Mailing Address 1415 ELMWOOD AVE			$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\19\end{smallmatrix}^I&\begin{smallmatrix}I&D\\19\end{smallmatrix}^I&\begin{smallmatrix}Y&Y&Y&Y\\2011\end{smallmatrix}^Y$
	State Zip Code RI 02910		Amount of Each Disbursement this Period
Purpose of Disbursement EVENT SUPPLIES - PARTY ONLY			375.00
Candidate Name		Category/ Type	[MEMO ITEM]
Senate President	ment For: Primary General Other (specify) ▼		[MEMOTIEM]
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB.83
STEPHEN BRENNER			Date of Disbursement
Mailing Address 37 MERRITT AVE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D & M \end{smallmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City BROCKTON	State Zip Code MA 02302		Amount of Each Disbursement this Period
Purpose of Disbursement EVENT ENTERTAINMENT - PARTY ONLY		•	225.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY			Transaction ID: SB.100 Date of Disbursement
Mailing Address 55 W BROADWAY #8			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code MA 02127		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			1083.01
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
SURTOTAL of Dishursements This Page (ontional)			1308.01

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В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 20 / 43 Use separate schedule(s) (check only one) for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: SB.104 TIMOTHY BUCKLEY Date of Disbursement 05 o[™] 7 2011 Mailing Address 55 W BROADWAY #8 Citv State Zip Code Amount of Each Disbursement this Period SOUTH BOSTON MA 02127 1083.01 Purpose of Disbursement **PAYROLL** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.86 TIMOTHY BUCKLEY Date of Disbursement 05 o[™]7 2011 Mailing Address 55 W BROADWAY #8 City State Zip Code Amount of Each Disbursement this Period SOUTH BOSTON MA 02127 118.77 Purpose of Disbursement REIMBURSEMENT - PHONE EXPENSES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.98 VERIZON WIRELESS Date of Disbursement 05 2011 Mailing Address PO BOX 15062 City State Zip Code Amount of Each Disbursement this Period **ALBANY** NY 12212 118.77 Purpose of Disbursement PHONE BILL Candidate Name Category/ Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 1201.78 SUBTOTAL of Disbursements This Page (optional) \blacktriangleright

TOTAL This Period (last page this line number only)

C.

age# 11932492110			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congres	ssional Committee		
Full Name (Last, First, Middle Initial) MATTHEW CASTALDO			Transaction ID: SB.51 Date of Disbursement
Mailing Address 83 SUMMIT RIDGE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 1 & 1 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} \ \end{bmatrix}$
City BRAINTREE	State Zip Code MA 02184		Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT - MILEAGE, TRAVEL Candidate Name		Category/	312.40
Office Sought: House Disburs	ement For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON Mailing Address 239 CAMBRIDGE ST			Transaction ID: SB.96 Date of Disbursement
City	State Zip Code		Amount of Each Disbursement this Period
BÓSTON	MA 02114		312.40
Purpose of Disbursement GAS/TRAVEL Candidate Name		Category/	012.40
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) MATTHEW CASTALDO			Transaction ID: SB.52 Date of Disbursement
Mailing Address 83 SUMMIT RIDGE			$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}7^{M}\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}0^{D}\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^{1}\end{smallmatrix}1^{Y} \\ 0^{1}\end{smallmatrix}1^{Y}$
City BRAINTREE	State Zip Code MA 02184		Amount of Each Disbursement this Period
Purpose of Disbursement COMMUNICATIONS CONSULTANT - PARTY Candidate Name	ONLY	Category/	1000.00
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Туре	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	1312.40

C.

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 22 / 43				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b				
Any Information copied from such Reports and Statem		by any person f	or the purpose of soliciting contributions				
or for commercial purposes, other than using the name	e and address of any political	committee to sol	licit contributions from such committee				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee						
Full Name (Last, First, Middle Initial) AMANDA CODY			Transaction ID: SB.1 Date of Disbursement				
Mailing Address 73 ABBOTT AVENUE			$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I\\06\end{smallmatrix}^I&\begin{smallmatrix}I\\06\end{smallmatrix}^I&\begin{smallmatrix}Y&Y&Y&Y\\2011\end{smallmatrix}^Y\\\end{smallmatrix}$				
•	State Zip Code MA 02149		Amount of Each Disbursement this Period				
Purpose of Disbursement REIMBURSEMENT - PHONE			111.72				
Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) VERIZON WIRELESS			Transaction ID: SB.88 Date of Disbursement				
Mailing Address PO BOX 15062			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}^{Y} \end{bmatrix}$				
	State Zip Code NY 12212		Amount of Each Disbursement this Period				
Purpose of Disbursement PHONE BILL	12212		111.72				
Candidate Name		Category/ Type	[MEMO ITEM]				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		[MEMOTIEM]				
Full Name (Last, First, Middle Initial)			Transaction ID: SB.101				
AMANDA CODY			Date of Disbursement				
Mailing Address 73 ABBOTT AVENUE			07 05 7 2011				
	State Zip Code MA 02149		Amount of Each Disbursement this Period				
Purpose of Disbursement PAYROLL			940.05				
Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	1,700					
State: District:							
SUBTOTAL of Disbursements This Page (optional)		>	1051.77				

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 7 22
	Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) AMANDA CODY			Transaction ID: SB.105 Date of Disbursement
Mailing Address 73 ABBOTT AVENUE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 1 & 9 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
,	State Zip Code MA 02149		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			940.05
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) AMANDA CODY			Transaction ID: SB.2 Date of Disbursement
Mailing Address 73 ABBOTT AVENUE			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \\ D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D $
City EVERETT	State Zip Code MA 02149		Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT - POST OFFICE AND TRAV	EL		435.59
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	, (1), (
Full Name (Last, First, Middle Initial) CVS			Transaction ID: SB.91 Date of Disbursement
Mailing Address 2 CENTER PLAZA			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} \ Y$
	State Zip Code MA 02114		Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES			3.39
Candidate Name		Category/ Type	IMEMO ITEMI
Senate President	ment For: Primary General Other (specify)		[MEMO ITEM]
State: District:			
SURTOTAL of Dishursements This Page (optional)			1375.64

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE N (check only of the X 21b X 21b 27		E NUMBER: PAGE 24 / 43					
ITEMIZED DISBURSEMENTS				22 28a	23 28b	24 28c	25		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			y person	for the pu	urpose of s	oliciting co	ontributi	ons	
NAME OF COMMITTEE (In Full)									
Massachusetts Republican State Congress	sional Committee								
Full Name (Last, First, Middle Initial) METRO CAB					saction ID:				
Mailing Address 120 BRAINTREE ST					M / D		ž 0	1 1	
City ALLSTON	State Zip Code MA 02134			Amou	unt of Each	Disburse	ment th	is Period	
Purpose of Disbursement CAB FARE		_		† L.			21	.80	
Candidate Name			egory/ /pe						
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			- [MEMO ITEM]					
Full Name (Last, First, Middle Initial)				Trope	action ID	CD 00			
U.S. POSTAL SERVICE				Date	of Disburs	ement		YY	
Mailing Address JFK STATION				0 ^M 7	2	20 /	20	11 [°]	
,	State Zip Code MA 02114			Amou	unt of Each	Disburse	ment th	is Period	
Purpose of Disbursement MAILINGS AND PERMIT RENEWAL				# [MEMO ITEM]				.40	
Candidate Name			egory/ /pe						
Senate President	ment For: Primary General Other (specify) ▼			[IVI EIV	IO II EMI				
Full Name (Last, First, Middle Initial) AMANDA CODY				Date	of Disburs	ement			
Mailing Address 73 ABBOTT AVENUE				0 ^M 7	M / D 2	26	ž0	11 [°]	
	State Zip Code MA 02149			Amou	unt of Each	Disburse			
Purpose of Disbursement REIMBURSEMENT - TRAVEL AND EVENT SUF	PPLIE						66	.06	
Candidate Name			egory/ /pe						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼								
State: District:	· · · · · · · · · · · · · · · · · · ·								
SUBTOTAL of Disbursements This Page (optional)							66	.06	

C.

age# 11932492122			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	PAGE 25 / 43 y one) 22
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		by any person f	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congres	sional Committee		
Full Name (Last, First, Middle Initial) METRO CAB			Transaction ID: SB.92 Date of Disbursement
Mailing Address 120 BRAINTREE ST			077 26 7 2011
City ALLSTON	State Zip Code MA 02134		Amount of Each Disbursement this Period
Purpose of Disbursement CAB FARE			20.40
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		[MEMO ITEM]
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			Transaction ID: SB.102 Date of Disbursement
Mailing Address 62 DWIGHT STREET, A			07 05 2011
City BROOKLINE	State Zip Code MA 02446		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			916.77
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: CD 100
ANTONY FERRUCCI			Transaction ID: SB.106 Date of Disbursement
Mailing Address 62 DWIGHT STREET, A	APT 1		07
City BROOKLINE	State Zip Code MA 02446		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			916.77
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1833.54

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 26 / 43
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22	24 25 26
	, ,	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			Transaction ID: S Date of Disbursemen	
Mailing Address 62 DWIGHT STREET, Al	PT 1		$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2011
,	State Zip Code MA 02446		Amount of Each Disl	oursement this Period
Purpose of Disbursement REIMBURSEMENT: PHONE, TAXI, MILEAGE				140.00
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				D 0.4
BOWDOIN SQAURE EXXON			Transaction ID: S Date of Disbursement	
Mailing Address 239 CAMBRIDGE ST			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix}$	Y 2011
•	State Zip Code MA 02114		Amount of Each Disl	oursement this Period
Purpose of Disbursement TRAVEL				20.00
Candidate Name	'	Category/ Type	IMENO ITEM	
Senate President	ment For: Primary General Other (specify)		[MEMO ITEM]	
State: District: Full Name (Last, First, Middle Initial)			.	D. 0.5
LAZ PARKING			Transaction ID: S Date of Disbursemer	nt
Mailing Address 100 HIGH ST			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix}$	2011
	State Zip Code MA 02110		Amount of Each Disl	oursement this Period
Purpose of Disbursement PARKING			L	21.12
Candidate Name] "	Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		[MEMO ITEM]	
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				140.00

C.

SCHEDULE B (FEC Form 3X)		se separate schedule(s) FOR L (check					13								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page X 21b 27				22 28a		23 28b	F	24 28c	F	25 29	$\boldsymbol{\sqcup}$	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Commi	ttee													
Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address PO BOX 15062							Date o		sburs				0 1 1	Y	
City ALBANY		p Code 2212					Amou	nt o	Each	ı D	isburse	men	t this F	Period	k
Purpose of Disbursement PHONE BILL	NY 12	2212			•								60.00		
Candidate Name					gory/ pe			Λ I	TENA						
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify)	General ▼					- [MEMO ITEM]								
Full Name (Last, First, Middle Initial) MATTHEW KESWICK							Date o	of D	sburs	em					
Mailing Address 231 VICTORY ROAD							0 ^M 7	М	^D 1	1 5		Ž	0 1 1	Y	
City QUINCY		p Code 2171					Amou	nt o	Each	ı D	isburse			-	i I
Purpose of Disbursement STRATEGY CONSULTING - PARTY ONLY							L.	-				60	00.00		
Candidate Name					gory/ pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify)	General ▼													
Full Name (Last, First, Middle Initial) NATHAN LITTLE							Trans Date of				SB.10	3			
Mailing Address 83 CONGREVE							0 ^M 7	М	D (5 5		Ž	0 1 1	Y	
City W ROXBURY		p Code 2132					Amou	nt o	Each	n D	isburse	-		-	<u>.</u>
Purpose of Disbursement PAYROLL				·								21	91.73		
Candidate Name					gory/ pe										
Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General ▼													
State: District:	(-1)	• •						_		_					_
SUBTOTAL of Disbursements This Page (optional)					•		L.					819	91.73		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 28 / 43
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) ☐ 22	24 25 26
	Detailed Summary Page	27		28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee			
Full Name (Leat First Middle Initial)				
Full Name (Last, First, Middle Initial) NATHAN LITTLE			Transaction ID: SIDate of Disbursemer	nt
Mailing Address 83 CONGREVE			07 19	y žo j i
,	State Zip Code MA 02132		Amount of Each Disk	oursement this Period
Purpose of Disbursement PAYROLL				2191.73
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) MELISSA LUCAS			Transaction ID: SIDate of Disbursemen	nt
Mailing Address 22 SLAYTON RD.			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2011
•	State Zip Code MA 02176		Amount of Each Disk	oursement this Period
Purpose of Disbursement EVENT PLANNING CONSULTANT-PARTY ON	_Y			2557.00
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: SI Date of Disbursemer	nt
Mailing Address P.O. BOX 1270			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	Ý 2011
	State Zip Code NJ 07101127		Amount of Each Disk	oursement this Period
Purpose of Disbursement CC PROCESSING FEE				762.30
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				5511.03

C.

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only X 21b 27	one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 1270			Transaction ID: SB.8 Date of Disbursement
•	State Zip Code NJ 07101127		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE		• •	100.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) AUTHORIZE.NET			Transaction ID: SB.13 Date of Disbursement
Mailing Address P.O. BOX 8999			
	State Zip Code CA 94128		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEES Candidate Name	[Category/	5.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) AUTHORIZE.NET			Transaction ID: SB.14 Date of Disbursement
Mailing Address P.O. BOX 8999			077 7 05 7 2011
	State Zip Code CA 94128		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEES			20.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:	· · · · · ·		
SUBTOTAL of Disbursements This Page (optional) .			125.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
II LIVIILED DISDUNSEIVIEN IS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any pointed	33.111111100 to 3011	S. S
Massachusetts Republican State Congres	ssional Committee		
Full Name (Last, First, Middle Initial) AUTHORIZE.NET			Transaction ID: SB.15 Date of Disbursement
Mailing Address P.O. BOX 8999			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} Y$
City SAN FRANCISCO	State Zip Code CA 94128		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEES		· ·	15.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	,,	
State: District: Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK			Transaction ID: SB.16 Date of Disbursement
Mailing Address PO BOX 25118			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City TAMPA	State Zip Code FL 33622		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE			49.99
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK			Transaction ID: SB.17 Date of Disbursement
Mailing Address PO BOX 25118			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
City TAMPA	State Zip Code FL 33622		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE			74.99
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	,	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			139.98

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TEMIZED DISBURSEMENTS Any Information copied from such Reports and Statement for commercial purposes, other than using the name as	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one)
Any Information copied from such Reports and Statemer	Detailed Summary Page	llxl21hl	
		27	22 23 24 25 26 28a 28b 28c 29 30b
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congression	onal Committee		
Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK			Transaction ID: SB.18 Date of Disbursement
Mailing Address PO BOX 25118			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City St	tate Zip Code L 33622		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE			25.00
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify)	.,,,,,	
Full Name (Last, First, Middle Initial)			Transaction ID: SB.19
BFSDANIELS Mailing Address 12 CHANNEL STREET			Date of Disbursement O 7
	Tio Code		
•	tate Zip Code NA 02210		Amount of Each Disbursement this Period
Purpose of Disbursement BBQ INVITATIONS AND POSTAGE			558.88
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB.20
BLUE CROSS BLUE SHIELD			Date of Disbursement
Mailing Address PO BOX 371318			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} Y$
	tate Zip Code PA 15250731		Amount of Each Disbursement this Period
Purpose of Disbursement STAFF HEALTH INSURANCE			461.92
Candidate Name		Category/ Type	
President	ent For: Primary General Other (specify)		
State: District:			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 32 / 43					
TEMIZED DISBURSEMENTS	for each category of the	(check only	☐ 22 ☐ 23 ☐	24				
	Detailed Summary Page	27	28a 28b	28c 29 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
/ Massachusetts Republican State Congress	ional Committee							
Full Name (Last, First, Middle Initial) BOWDITCH & DEWEY			Transaction ID: Solution Date of Disbursement					
Mailing Address 310 MAIN STREET PO E	OX 15156		07 / 11	^Y 2011				
,	State Zip Code MA 01615		Amount of Each Disk	oursement this Period				
Purpose of Disbursement LEGAL FEES				1000.00				
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	,,						
State: District:								
Full Name (Last, First, Middle Initial) CENTURY TYPE INC.			Transaction ID: S Date of Disbursemen	nt				
Mailing Address 1020 COMMONWEALTH	AVENUE		$\begin{bmatrix} 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 7 \end{bmatrix}$	² 2011				
•	State Zip Code MA 02215		Amount of Each Disk	oursement this Period				
Purpose of Disbursement LETTERHEAD				300.00				
Candidate Name		Category/ Type						
Senate President	ment For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) CMDI			Transaction ID: S Date of Disbursemer	nt				
Mailing Address 7704 LEESBURG PIKE			07 19	^Y 2011				
	State Zip Code VA 22043		Amount of Each Dist	oursement this Period				
Purpose of Disbursement COMPUTER SOFTWARE BILL				950.00				
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional) .				2250.00				

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SCHEDULE B (FEC Form 3X)		rate schedule(s)	(S) (check on			OR LINE NUMBER: PAGE 33									
TEMIZED DISBURSEMENTS		category of the Summary Page		Š	_	F	22 28a		23 28b	F	24 28c		25 29	\Box	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														8	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Com	nmittee													
Full Name (Last, First, Middle Initial) DIRECT MAIL SYSTEMS Mailing Address 12450 AUTOMOBILE BO							Date o		sburs					Y	
	State	Zip Code					-	nt o			isburse				
CLEARWATER	FL	33762					Alliou	iii o	Laci		/ISDUI St	-			J
Purpose of Disbursement DIRECT MAIL EXPENSES Candidate Name			Ca	ntc	egory/			-	•		•	38	15.37		
					pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial) EDIBLE ARRANGEMENTS							Date o	of D	sburs	en					
Mailing Address 241 WASHINGTON ST							0 ^M 7	М	D 2	2 7	7 /	Ž	01	I Y	
•	State MA	Zip Code 02114					Amou	nt o	Each	ı D	isburse	-			b
Purpose of Disbursement EVENT - PARTY ONLY								0		0	-		73.00)	
Candidate Name					egory/ vpe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial)							Trans	acti	on ID	:	SB.26	 }			
ELAVON								of Di		en) 5		Y Y	0 1 1	Υ	
Mailing Address ONE CONCOURSE PAR	KWAY, SI	UITE 300					0 7	_) 5		2	01		
	State GA	Zip Code 30328					Amou	nt o	Each	ı D	isburse	emen	t this I	Period	d
Purpose of Disbursement CC PROCESSING FEE								-	_			1	59.03	3	
Candidate Name					egory/ rpe										
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General													
State: District:	V 1	-, *													
SUBTOTAL of Disbursements This Page (optional) .					. •							40	47.40)	

	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each c	category of the Summary Page	(check only 21b 27	7 one)
An	y Information copied from such Reports and Statem	ents may no	t be sold or used		
or 1	for commercial purposes, other than using the name	e and addres	s of any political	committee to sol	licit contributions from such committee
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Com	ımittee		
	Full Name (Last, First, Middle Initial) FEDEX				Transaction ID: SB.39 Date of Disbursement
	Mailing Address P.O. BOX 371461				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
	City PITTSBURGH	State PA	Zip Code 15250746		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING Candidate Name			Orborat	15.17
				Category/ Type	
	Senate President	ement For: Primary Other (spec	General General		
	State: District:				
	Full Name (Last, First, Middle Initial) FEDEX				Transaction ID: SB.40 Date of Disbursement
	Mailing Address P.O. BOX 371461				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
	City PITTSBURGH	State PA	Zip Code 15250746		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING				25.98
	Candidate Name			Category/ Type	
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General General		
	State: District:				
	Full Name (Last, First, Middle Initial) FEDEX				Transaction ID: SB.41 Date of Disbursement
	Mailing Address P.O. BOX 371461				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{smallmatrix} I & D & D \\ 1 & 4 & 4 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} $
	City PITTSBURGH	State PA	Zip Code 15250746		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING				34.75
	Candidate Name			Category/ Type	
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		
	State: District:	_			

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SCHEDULE B (FEC Form 3X)		1 -		E NUMBE	D.	D	AGE	35 / 4	13	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	<u> </u>	check o	nly one)	_					
	Detailed Summary Page		21b 27	22 28a	23 28b	24 28c	H	25 29	Н	26 30b
Any Information copied from such Reports and Statem			y persor	n for the pu	rpose of	soliciting c		utions	;	
or for commercial purposes, other than using the name	e and address of any politica	comm	ittee to s	solicit contr	ributions 1	from such	comn	nittee		
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial)				T _		- 05 4				
FEDEX				Date	of Disbur					
Mailing Address P.O. BOX 371461				0 7	M / D	26 /	ž	0 1 1	Y	
City PITTSBURGH	State Zip Code PA 15250746			Amou	int of Eac	h Disburse	ement	this F	Perio	d
Purpose of Disbursement SHIPPING				T L.			. (34.75	5	
Candidate Name			egory/ ype							
Senate President	ement For: Primary General Other (specify)		·							
State: District: Full Name (Last, First, Middle Initial)				+_		- 05 46				
FLS CONNECT				Date	of Disbur			* \/ *	V	
Mailing Address 7300 HUDSON BLVD. S	TE.270			0 7	M / D	26	Ż	0 1 1		
City S. PAUL	State Zip Code MN 55128			Amou	int of Eac	h Disburse	ement	this F	Perio	d
Purpose of Disbursement TELEMARKETING EXPENSES				T L.			848	32.70		
Candidate Name			egory/ ype							
Senate President	ement For: Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial)				Tuese		D- CD 44				
GO DADDY.COM				Date of	of Disbur			V *	V	
Mailing Address 14455 N HAYDEN RD SUITE 219				0 ^M 7		14	2	0 1 1		
City SCOTTSDALE	State Zip Code AZ 85260			Amou	int of Eac	h Disburse	-			d
Purpose of Disbursement INTERNET EXPENSE				L.			,	36.51		
Candidate Name			egory/ ype							
Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)			. •				855	3.96		

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 36 / 43
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	dia dadress of any political		ion communications from Sacri Communico
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) ICONTACT			Transaction ID: SB.45 Date of Disbursement
Mailing Address 5221 PARAMOUNT PAR	KWAY		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code NC 27560		Amount of Each Disbursement this Period
Purpose of Disbursement EMAIL BLAST EXPENSE		· · · ·	149.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
INTUIT QB ONLINE			Transaction ID: SB.46 Date of Disbursement
Mailing Address 2700 COAST AVENUE			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 0 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City MOUNTAIN VIEW	State Zip Code CA 94943		Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING SYSTEM FEE		· ·	37.13
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Turner attent ID CD 40
KONICA MINOLTA			Transaction ID: SB.48 Date of Disbursement
Mailing Address PO BOX 550599			07
	State Zip Code FL 32255		Amount of Each Disbursement this Period
Purpose of Disbursement COPIER SERVICE			693.95
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	. 190	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	880.08

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 / 43
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to soi	icit contributions from such committee
Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) KONICA MINOLTA PREMIER FINANCE			Transaction ID: SB.49 Date of Disbursement
Mailing Address PO BOX 790448			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
•	State Zip Code MO 63179-0-44		Amount of Each Disbursement this Period
Purpose of Disbursement COPIER SERVICE			1436.50
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Towns of the ID CD FF
MERCHANTS BANKCARDS			Transaction ID: SB.55 Date of Disbursement
Mailing Address 1700 N DIXIE HIGHWAY	,		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
	State Zip Code FL 33432		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE			27.45
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			ID OD 50
MERCHANTS BANKCARDS			Transaction ID: SB.56 Date of Disbursement
Mailing Address 1700 N DIXIE HIGHWAY	,		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} \ \\$
	State Zip Code FL 33432		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE			57.45
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	21 -	
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		>	1521.40

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER:	PAGE 38 / 43
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 28a	23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee			
Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES Mailing Address 117 SOUTH 14TH ST. S	UITE 300			on ID: SB.57 sbursement
	State Zip Code VA 23219		Amount of	Each Disbursement this Period
Purpose of Disbursement UTILITIES Candidate Name		Category/		374.20
	ement For:	Type		
Senate President State: District:	Primary General Other (specify)			
Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES			Date of Di	on ID: SB.58 sbursement
Mailing Address 117 SOUTH 14TH ST. S			0 7	26 2011
•	State Zip Code VA 23219		Amount of	Each Disbursement this Period
Purpose of Disbursement RENT				4434.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES				on ID: SB.59 sbursement
Mailing Address 468 GREAT ROAD			0 7 M	06 / 2011
ACTON	State Zip Code MA 01720		Amount of	Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES Candidate Name		Category/		1871.10
	ement For:	Type		
Senate President State: District:	Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				6679.30

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В.

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 39 / 43 Use separate schedule(s) (check only one) for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: SB.61 PAYRIGHT PAYROLL SERVICES Date of Disbursement 0 7 06 2011 Mailing Address 468 GREAT ROAD City State Zip Code Amount of Each Disbursement this Period **ACTON** MA 01720 50.35 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.62 PAYRIGHT PAYROLL SERVICES Date of Disbursement 15 o 7 2011 Mailing Address **468 GREAT ROAD** City State Zip Code Amount of Each Disbursement this Period **ACTON** MA 01720 41.60 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Category/ Туре Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.63 PAYRIGHT PAYROLL SERVICES Date of Disbursement 2011 Mailing Address **468 GREAT ROAD** City State Zip Code Amount of Each Disbursement this Period ACTON MA 01720 1871.10 Purpose of Disbursement PAYROLL TAXES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 1963.05 SUBTOTAL of Disbursements This Page (optional) \blacktriangleright

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	7 cone) ☐ 22
	Detailed Guillinary Fage	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
/			
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.65 Date of Disbursement
Mailing Address 468 GREAT ROAD			$\begin{bmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D \\ D & 2 & 2 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement TAX REFUND			80.45
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	•		
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.66 Date of Disbursement
Mailing Address 468 GREAT ROAD			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 2 & D \\ 2 & 2 & 0 & 1 & 1 \end{bmatrix}$
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES			0.02
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) PROLAB EXPRESS			Transaction ID: SB.80 Date of Disbursement
Mailing Address 3525 LOUSMA DR SE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}^{Y}$
City GRAND RAPIDS	State Zip Code MI 49548		Amount of Each Disbursement this Period
Purpose of Disbursement PHOTO PURCHASE			6.34
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ement For: Primary General	Туре	
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			86.81
OUDIVIAL OI DISDUISCHICHES THIS FAYE (OPHOHAI).			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
	Detailed Guillinary Fage	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee		
/ massacrissoms repasition state congress			
Full Name (Last, First, Middle Initial) SCITUATE PORTABLE RESTROOMS			Transaction ID: SB.81 Date of Disbursement
Mailing Address 26 GREEN HILL RD			$\begin{bmatrix} M & M $
City JONHSTON	State Zip Code RI 02919		Amount of Each Disbursement this Period
Purpose of Disbursement FUNDRAISING EVENT - PARTY ONLY	920.0		120.00
Candidate Name		Category/	
Office Sought: House Disburse	ment For:	Туре	
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: SB.82
STAPLES			Date of Disbursement
Mailing Address STAPLES CREDIT PLAN	I		$\begin{bmatrix}\begin{smallmatrix}M&M&M\\O&7\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}D&D&D\\2&6\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}\end{bmatrix}^{Y}$
City	State Zip Code		Amount of Each Disbursement this Period
	IA 50368902		E0.00
Purpose of Disbursement OFFICE SUPPLIES			58.29
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) TIA'S AT LONG WHARF			Transaction ID: SB.85 Date of Disbursement
Mailing Address 200 ATLANTIC AVENUE			$\begin{bmatrix}\begin{smallmatrix}M&7&M\\0&7&\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{bmatrix}&D&1&5\\&&&1&5\end{bmatrix}\end{bmatrix} \begin{bmatrix}\begin{bmatrix}&Y&&Y&Y&Y\\&&&2&0&1&1\end{bmatrix}\end{bmatrix}$
•	State Zip Code MA 02110		Amount of Each Disbursement this Period
Purpose of Disbursement FUNDRAISING EVENT - PARTY ONLY	<u>02110</u>		503.75
Candidate Name		Category/	
Office Sought: House Disburse	ment For:	Туре	
Senate	Primary General		
State: District:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) .			682.04

State:

A.

District:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 42/43 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: SB.87 **VERIZON WIRELESS** Date of Disbursement 05 o[™] 7 2011 Mailing Address P.O. BOX 15023 City State Zip Code Amount of Each Disbursement this Period WORCESTER MA 01615-00-2 655.45 Purpose of Disbursement **PHONE** Candidate Name Category/ Type Office Sought: Disbursement For: House Primary General Senate President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	655.45
TOTAL This Period (last page this line number only)	•	51303.13

IT An			FOR LINE NUMBER: (check only one) 21b X 22 23 24 25 26 27 28a 28b 28c 29 30 by any person for the purpose of soliciting contributions committee to solicit contributions from such committee
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong		ATTITUTE OF SOIL CONTINUES TO IT SUCT COMMITTEE
	Full Name (Last, First, Middle Initial) MASSACHUSETTS REPUBLICAN PA Mailing Address 85 MERRIMAC ST.	ARTY	Transaction ID: SB.50 Date of Disbursement
	City BOSTON Purpose of Disbursement Over-contribution Candidate Name	State Zip Code MA 02114	Amount of Each Disbursement this Period 1350.00 Category/ Type
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	Jeanne Kangas \$1,350

SUBTOTAL of Disbursements This Page (optional)	•	1350.00
TOTAL This Period (last page this line number only)	•	1350.00